## IN THE MATTER OF

## **CASE NUMBER**

## CONSERVATORSHIP ANNUAL ACCOUNTING

$C_{\Delta r}$	CON	votor.	
COL	ıser	vator:	

1.	a. b.	This is a full and true statement of account in the above matter, which protected person resides at, covering the period from the day of,, to the day of,  I have on file a surety bond approved by the Court in the penal sum of \$ with the Company as surety.  I have on file a personal surety bond approved by the Court in the penal sum of \$				
The r	nam	es and addresses of	the personal sureties are:			
	To the best of my belief these sureties have property free of encumbrance and subject execution in this State valued at not less than this penal sum.					
2.	N	MONEY RECEIVED				
	D	ate	RECEIVED FROM (List each source separately)	Amount		
(also	TOTAL AMOUNT RECEIVED \$also enter under recapitulation, item #4)					
3.	N	MONEY SPENT				
	D	ate	To Whom Paid and Purpose	Amount		
(also	TOTAL AMOUNT SPENT			\$		

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Case Number: 4. **SUMMARY:** Cash brought forward from last accounting \$\_ Money received from all sources TOTAL Less total money spent Cash balance in estate \$ Total of all investments (cost) TOTAL VALUE OF ESTATE 5. **CERTIFICATION OF BALANCE ON DEPOSIT:** I CERTIFY THAT on the \_\_\_\_ day of\_\_\_\_, \_\_\_, the last day of the period covered by this accounting, there was on deposit in this institution to the credit of this Fiduciary the following balance: NAME AND ADDRESS OF INSTITUTION **ACCOUNTS** CHECKING **SAVINGS** SIGNATURE AND TITLE OF CERTIFYING BANK Including interest of \$\_\_\_\_\_ paid during the period covered by the Accounting. NAME AND ADDRESS OF INSTITUTION ACCOUNTS CHECKING **SAVINGS** \$ SIGNATURE AND TITLE OF CERTIFYING BANK Including interest of \$ paid during the period covered by the Accounting

Case Number: 6. **CERTIFICATION OF INVESTMENTS** (to be executed by the Court or Clerk of the Court, a bank official, an authorized official of an insurance or investment company, or an authorized official or agent of the corporate surety on fiduciary bond: DATE OF FACE PURCHASE VALUE KIND OF INTEREST BOND OR SECURITY RATE COST TOTAL COST \$\_\_\_\_\_ I CERTIFY that the securities listed herein were exhibited to me by the Fiduciary as being the property of the protected person and in the custody and control of the Fiduciary. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICIAL SWORN to before me this \_\_\_\_\_ Signature: day of \_\_\_\_\_, \_\_\_\_\_, Name: Address:

Notary Public for South Carolina
My Commission Expires:

Telephone (O):

(H):